

# Request for Tax Clearance Certificate Limited Liability Company or Limited Liability Partnership

CALIFORNIA FORM

**3555L**

Limited Liability Company (LLC) or Limited Liability Partnership (LLP) name		Secretary of State file number
Current address	Phone number (      )	Federal employer identification number
Date LLC or LLP commenced to do business in California:	Date LLC or LLP ceased or will cease to do business in California:	Latest income period for which a California tax return has been filed:

The Franchise Tax Board will issue a Tax Clearance Certificate when all taxes have been paid or secured.

Check tax return form filed: ☐ Form 100 ☐ Form 565 ☐ Form 568

Indicate the status of ANY IRS activity:

Has the IRS redetermined the LLC's or LLP's income tax liability for any prior year(s) that you have not previously reported to us? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please furnish a copy of the Revenue Agent's Report.</i>	Is the IRS currently examining the LLC or LLP, or has the LLC or LLP been notified of a pending examination? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please indicate the years involved:</i> Current Examination: _____ Pending Examination: _____
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**COMPLETE PAGES 2 AND 3 OF THIS FORM FOR AN INDIVIDUAL OR TRUST ASSUMPTION OF TAX LIABILITY. COMPLETE PAGE 4 FOR A CORPORATION, LLC or LLP ASSUMPTION OF TAX LIABILITY.**

*If the Tax Clearance Certificate is to be issued on a taxes paid basis, check this box.* ☐

**Supplemental Information.** Furnish the following information if the business conducted in California will be continued by another corporation, LLC or LLP after the taxpayer's dissolution or withdrawal.

Name of transferee	California corporation number or Secretary of State file number of transferee
	Federal employee identification number
Accounting period of transferee	Section of the Internal Revenue Code applicable to the Transfer of Taxpayer's Business or assets: _____

If the Tax Clearance Certificate is to be mailed to someone other than the LLC or LLP listed above, complete the following: *(A copy of the Tax Clearance Certificate will be sent to the Secretary of State.)*

Name
Address

Mail completed form to:

**SECRETARY OF STATE  
LIMITED LIABILITY COMPANY UNIT  
PO BOX 944228  
SACRAMENTO CA 94244-2280**

For more information concerning this form, telephone the Franchise Tax Board at (916) 845-4124.

**Assistance for persons with disabilities:** We comply with provisions of the Americans with Disabilities Act. Persons with hearing or speech impairments, call: from voice phone (800) 735-2922, or from TTY/TDD (800) 822-6268.

## INDIVIDUAL ASSUMPTION OF TAX LIABILITY

Limited liability company or limited liability partnership name	Secretary of State file number
	Federal employer identification number

I unconditionally agree to file or cause to be filed with the Franchise Tax Board, under the provisions of the Bank and Corporation Tax Law, such returns and data that may be required and to pay in full all accrued or accruing liabilities for tax, penalty and/or interest and fees due from the above named limited liability company or limited liability partnership.

My net worth (assets minus liabilities) is not less than: \$ \_\_\_\_\_ .

*(A detailed financial statement, PAGE 3, is required.)*

Name of individual assumer	Social security number
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Address

Date	Signature
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## TRUST ASSUMPTION OF TAX LIABILITY

Limited liability company or limited liability partnership name	Secretary of State file number
	Federal employer identification number

This trust unconditionally agree to file or cause to be filed with the Franchise Tax Board, under the provisions of the Bank and Corporation Tax Law, such returns and data that may be required and to pay in full all accrued or accruing liabilities for tax, penalty and/or interest and fees due from the above named limited liability company or limited liability partnership.

*(A detailed financial statement, PAGE 3, is required.)*

Name of trust	Trust Federal identification number
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Address	
	Phone number (       )

Date	Trustee's name (print)
	Trustee's signature

FOR PRIVACY ACT NOTICE, SEE FORM FTB 1131.

# FINANCIAL STATEMENT FOR ASSUMER

## State of Assets and Liabilities

Item	Present value	Liabilities balance due	Equity in asset
Cash			
Bank accounts			
Stocks and bonds			
Cash or loan value of insurance			
Household furniture			
Real property			
Vehicles			
Other assets (Describe)			
Federal taxes outstanding			
Loans			
Other (Include judgements)			
<b>TOTAL</b>			\$

## General Information (Please attach additional schedule[s] if necessary.)

Net annual income \_\_\_\_\_ Source (name of business or employer) \_\_\_\_\_

Banks and savings and loan accounts (names and addresses) \_\_\_\_\_

Description and license number of each vehicle \_\_\_\_\_

Stocks and bonds (name of company, number of shares, etc.) \_\_\_\_\_

Real property (brief descriptions and locations) \_\_\_\_\_

I certify that the above data is correct to the best of my knowledge.

Assumer's Name \_\_\_\_\_

Assumer's Address \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

# CORPORATION, LIMITED LIABILITY COMPANY OR LIMITED LIABILITY PARTNERSHIP ASSUMPTION OF TAX LIABILITY

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The Assumption of Tax Liability

of (1) \_\_\_\_\_ )  
\_\_\_\_\_ )  
A limited liability company or limited liability partnership ) \_\_\_\_\_  
Secretary of State file number  
by (2) \_\_\_\_\_ )  
\_\_\_\_\_ )  
A corporation/limited liability company or limited liability partnership ) \_\_\_\_\_  
Secretary of State file number, if applicable\*

organized or qualified to do business within the State of California, unconditionally agrees to file with the Franchise Tax Board all returns and data that is required and unconditionally agrees to pay in full all tax liabilities, penalties, interest and fees of (1) \_\_\_\_\_

\_\_\_\_\_;

(2) \_\_\_\_\_  
Exact corporation/limited liability company or  
limited liability partnership name

\_\_\_\_\_  
Signature and title of officer/manager/partner

State of \_\_\_\_\_

County of \_\_\_\_\_

On \_\_\_\_\_ before me, the undersigned, a Notary Public in and  
for said State, personally appeared \_\_\_\_\_

\_\_\_\_\_

personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Signature \_\_\_\_\_

Name \_\_\_\_\_  
(typed or printed)

\*LLC, LLP, and Corporation (qualified for less than one year) assumers must provide financial statement